

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031127

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4264

FILED SEP 4 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in 1b

Unknown

c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

General Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased resided. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3220 Harrison

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

George H.

Landis

4. DATE OF DEATH

Month

Day

Year

8

15

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-5-80

9. AGE (last birthday)

82

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Carpenter

Building

? , Ohio U.S.A.

13a. FATHER'S NAME

Abraham Landis

13b. MOTHER'S MARRIED NAME

Edith Bytts

14. NAME OF HUSBAND OR WIFE

Mary Ella Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Address

3220 Harrison St., E.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

broncho pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

fractured left hip

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-11-62

to 8-15-62

and last saw him alive on 8-15-62

Death occurred at

8:33 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

2400 Cherry St., E.C., Mo.

22c. DATE SIGNED

8-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

8-17-62

23c. NAME OF CEMETERY OR CREMATORY

Valley Hills Cemetery

23d. LOCATION (City, town, or county)

Valley Hills, Kansas

23e. STATE

Kansas

24. FUNERAL DIRECTOR

Heilert, Funeral Homes (2) E.C., Mo.

25. DATE RECD. BY LOCAL REG.

8-18-62

26. REGULAR SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

BY AFFIDAVIT OF Frank Ellis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. E. Weichert

Licensed Embalmer No.

4075

P. O. Address

3 E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.